STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds. If U. S. Veteran, specify WAR____ If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) BINDING 5a. If married, widowed, or divorcad HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Davs If LESS than to have occurred on the data stated above, at______ 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH end releted causas of Importance or min. 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... may back 10. Date deceased lest worked at 11. Total time (years) this occupation (month and year) Willey 24/143 spent in this occupation _ 5 0 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT See 14. BIRTHPLACE (city or town) Name of operation__ (Stata or country) p MOTHER 15. MAIDEN NAME im portant. 23. If death was due to extarnal causes (VIOLENCE) fill in elso the following: Accidant, suicida, or homicide? _____ Date of Injury ______ 19____ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnoys 18. BURIAL, CREMATION. TION Nature of Injury 24. Was disease or Injury in any way ralated to occupation If so, specify Registrar.

Il more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	- 3027	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis JUN 3 1300	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
		F			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN	

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	D. Every	SICIANS	statement	
	RECOR	. PHY	Exact s	
PUTTON	N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IARGIN RESERVED FOR BINDING	IS A PEI	stated E	properly	TION is very important. See instructions on back of certificate.
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STATE O	F MARYLAND-	CERTIFICATE OF DEATH	5588
1. PLACE OF DEATH	1	30	3000
County Trince Je	earges	Registration Dist. No.	45
Village or City Bollege	Bark Thd.	No. St.	Ward
		death occurred in a hospital or institution, give its NAME instead of street ar	nd number)
Length of rasidence in city or town where de	eath occurredyrs,mos	ds. How long in U.S. if of foraign birth?yrs	_mosds.
2. FULL NAME Hattle O	aroline purl	If U. S. Veteran, specify WAR	
(a) Residence: No. 2/7 Fram	(Usuai place of abode)	e Stark, MHM	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S SINGLE MARRIED WIDOWED	21. DATE OF DEATH	
F. Jr.	OR DIVORCED (refrite the word)	Manth) (Day)	, 193 (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Harry E. A	Buston	22. HEREBY CERTIFY That I attend	ed decaased from
04	411875	I las saw here alive on Many Z 2 19	3 7
6. DATE OF BIRTH (month, day, and year) 700	Days If LESS than	to have occurred on the date stated above, at 1/15 Am.	; death is said
62 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end raiated causas of importance	
8. Treda, profession, or particular		ware as follows Carebral.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I home	g rounav	May 20,
9. Industry or business in which		Carcinome of breact.	1934
work was done, as SILK MILL, SAW MILL, BANK, etc.	1	C .	
To. Date deceased last worked at this occupation (month end year)	11. Totel time (yaars) spent in this occupation	muluslaces li Spine,	1937
year)	Occupation	Other Contributory Causes of Importance:	3
12. BIRTHPLACE (city or town)	P		
	de		
E 13. NAME fast, tare		March Thesa Mugueleum	
14. BIRTHPLACE (city or town) (State or country)	anada	Mattre of oparetion	Jun 6
500	10 Bissouth		Mautopsy?260
H. T.	e survey en	23. If daath was due to external causes (VIOL ENCE) fill in also the follow Accident, suicida, or homeida? Date of injury	
State or country)	Sanada/	Where did Injury occur?	
17. INFORMANT MM. Margaret	B. Rice,	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
(Address) 18, BURIAL, CREMATION, OR REMOVAL.	ego Vark, 114.		
Place arlington Nath Gense	Egate / Hay 24 , 1937.	Manner of injury	
19. UNDERTAKER SV. N. Cham	Less Co.	24. Was disease or injury In any wey related to occupation of decaasad?	
(Address) 918 Eleveland	in Riverdale, MI	If so, specify	
20. FILED heary 22, 1937 WM	is Jaso Domer	(Signad) Multy Mane	M. D.
	Registrar.	(Address) - f (Landale 1	ug
If more b	lanks are needed address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 5 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	N. B. WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	RIT	tion	USE	TION is very important. See instructions on back of certificate.
	M	ma	CA	TIC
	N. B.			/
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	J3()
County June Deouges	Registration Dist. No. 240
Village or City Townshey !!	NoSt. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME A Triel	Parka.
(a) Residence: No. 1 Program legisle Tu	St. Ward.
(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Maple) (Oay) (Year)
HUSBANO of Jurtles Ellawore Cuche	22. I HEREBY CERTIFY, That I ettended deceased from 1937, to May 20 - 1937
6. DATE OF BIRTH (month, day, and year) July 14, 1856	I last saw have alive on May 16 7, 1937; deeth is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 2
0 0 0 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Administration SAWYER, BOOKKEEPER, etc	Caroux andiellal Migheralis
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and	
11. Total time (years) this occupation (month and 19.3.7 year)	y. \
12. BIRTHPLACE (city or town) Mathematical (State or country)	Other Contributory Canade of Importance: By Market file of Iteas V
13. NAME fames R. Cooke	
13. NAME ACCES (city or town) Washington	Name of operation Oate of
(State or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIOEN NAME SARRH KANDA44 16. BIRTHPLACE (city or town) MARYLAND	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide? Date of injury, I9 Where did injury occur?
17. INFORMANT MAN Gall heaster (Address) 417- Hawellan Me would of	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hyalltulle Luck Date Mag 2 2, 1937	Nature of injury
19. UNDERTAKER LYDUL OFFICE THE (Address)	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED MRY 21, 19-37 May J. A. Smith Registrar.	(Signed) HMM Selection M. D. (Address) Galley 1001 7 a. A
If more blanks are needed address State Registrate	Charles Sancet Bellimore Developed St. C. N.

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	Example 1	i i	Example II		
The principal cause of of importance were as i	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BECSIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 3 1937	July5,1927	Peritonitis	3 days ago	
	BUREAU V. S				
Other contributory cau	ses of impuriouses		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEAT	- Low 11.		Registration Dist. No. 238
County	- conge	200	
Village or City	amp op	rungs Ind	No. St., Wi f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cit	ty or town where death occur	rredyrsmo:	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME	rellie El	len Klis	weul U. S. Veteran, specify WAR
(a) Residence: No.	Camp 1	prings?	nd Ward.
		nal place of about	If nonresident give city or town and State
	D STATISTICAL F		MEDICAL CERTIFICATE OF DEATH
emale wh	ite Ma	LE, MARRIED, WIDOWED, IVORCED (write the word) ITIEd	21. DATE OF DEATH (Month) (Day) (Year
a. If married, widowed, or divo HUSBAND of (or) WIFE of Her	schel E Dis	huer	1 HEREBY CERTIFY, That I attended deceased
. DATE OF BIRTH (month, day	r, and vear) Feb 2	, 1899.	Mast saw has alive on may 14 , 1937; death is
. AGE Years	Months D	ays If LESS than	to have occurred on the date stated above, atm.
38	3 1	.2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trede, profession, or pa	rticular		Carcinoma of
8. Trede, profession, or pa kind of work done, SAWYER, BOOKKEE		ome	Cerry uten 0
9. Industry or business in work was done, as S SAW MILL, BANK, of	which SILK MILL,		
10. Date deceased last wor	ked at 1	I. Total time (years)	
this occupation (mo	nth and	spent in this occupation	
	Tenn.		Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)			James 1
13. NAME JO	seph Richar	ď	
13. NAME 14. BIRTHPLACE (city or to	Tenn.		Name of operation Dete of
(State or country)	111/		What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME	Biddie Dol	.ton	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or to	wn) Ten	ın	Accident, suicide, or homicide?, Date of injury, 19_
(State or country)			Where did injury occur?
	Hershel Dis		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUBIAL, CREMATION, OR V		00 61	Manner of injury
Browstol &	enn Dail	nay 10 18/	Nature of injury
	Jacko	, Sons	24. Was disease or injury in any way related to occupation of deceased?
IO HADEDTAKED			
19. UNDERTAKER (Address)	Jusatte	relle	If so, specify

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

ARGIN RESERVED

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis HIII C 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of 9CCUPA-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5591
1. PLACE OF DEATH	9070
County Pr Groy	Registration Dist. No. 23 U
Village or City Peskstawan Dedree	Np. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
a 1 to me n.	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME CELISINA M. DIKON	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John a. Dixon	22. I HEREBY CERTIFY. That I attended deceased from 1934, to 21 1937
6. DATE OF BIRTH (month, day, and year) Dec 13-1853.	I last saw h. A. aliva on May 19 1937 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at _7:15/1_m.
89 5 8 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	myseardiles: Chronic Dura-
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	A tion, more than three years Courter
9. Industry or business in which work was done, as SILK MILL,	besetre herwordings
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year) occupation occupation.	
12. BIRTHPLACE (city or town) Primes George Co. (Stata or country)	Dither Contributory Causes of importance:
13. NAME William Spencer	
13. NAME Welliam Spencer 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Com Smallwood.	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Date of injury, 19
E (Stata or country) /// Ot	Where did injury occur?
17. INFORMANT Harry pears (Address)	Specify whether injury occurred in NDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Procataway Md Pate 5/23, 1937	Nature of injury
19. UNDERTAKE Thomas, IF Munay Son, (Address) Washington, Do	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Muy 21, 1939 Mrs Celton Dan Registrar.	(Address) K. au austin DC.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

TARGIN RESERVED

V.S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-	

Div	(lin	0	63
1 4	5 1	U.S	5)
1.7	U	J	4

1. PLACE OF DEATH		(NR) (B)	-
County Prince Georges		Registration Dist. No. 2	-39
Village or City Laurel		No. Laurel Sanitarium St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence In city or town whare death occurr	ed 6 yrs 2 mos	death occurred in a hospital or institution, give its NAME instead of street and 20 ds. How long in U.S.If of foreign birth?n	number) nosds.
2. FULL NAME Virginia May Fr	oehlich		
(a) Residence: No. (Usua	al place of abode)	St., Ward. Harrishurg Pa	d State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
TO am a 7 OR DI	E, MARRIED, WID OWED, VORCED (write the word) OWed	21. DATE OF DEATH	., 1937
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Froeblic		22. I HEREBY CERTIFY, That I attanded	deceased from
		Aug. 15	
6. DATE OF BIRTH (month, day, and year) July 18		I last saw h. ar alive on May 22	7.; death is said
7. AGE Years Months Da	ys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6.15 pm.	
73 10 4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	recisfo		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Lobar Pneumonia	May.15
SAW MILL, BANK, etc	Total time (vees)		1937
this occupation (month and	Total time (yaars) spent in this occupation		
) yaai)	ocsupation	Other Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town) (State or country) Pa•			-
		Right Hemiplegia	lay 20
13. NAME George Frederick Rol	nrer		1932
14. BIRTHPLACE (city or town) (Stata or country)		Name of operation Date of	
(State of Country)		What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Virginia Clyde	9	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town)		Accident, suicida, or homicida? Date of Injury	, 19
(Stata or country)		Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Hospital Records (Address)	***************************************	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL CREMATION, OR REMOVAL	W. 150	Manner of injury	
Place Passable Date	ing VJ-, 13 /	Nature of Injury	
19. UNDERTAKER Thurking (Address)	2 Pa	24. Was diseasa or injury in any way ralated to occupation of deceased?	
20. FILEMAN 30 , 1937 M (Bra	Registrar,	(Signed) & teless (Address) Aurel W.	M. D.
If more blanks are no		2411 N. Charles Street, Balimore, Requesting U. S. No. 1.	

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis was 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
BUREAU V. S.			
		•	
Other contributory causes of importance:	THE THE STATE OF	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ,	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5593
1. PLACE OF DEATH	(98-2)
county Turcen Jeorge Cu.	Registration Dist. No. 245
Village or City East (Lundale Md	No. # 6 Columbia avest Warre
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2 FILL NAME PURPLE	
2. FOLE NAME	Ward
(a) Residence: No. 746 (Usual place of abode)	Sh, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Mog(h) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Letronilla Tref	22. HEREBY CERTIFY, That I ettended deceesed from
S DATE OF DIDTH (TOTAL) MA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, end year) Mack 23 - 186 J 7. AGE Years Months Days If LESS than	I last saw h alive on , 19 ; death is seid
do a lideu has	to have occurred on the date steted ebove, et
To the state of th	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Peturel Carpenter SAWYER, BODKKEPPER, etc.	1 1 m
Industry or business in which	in myracians
work was done, as SILK MILL, O + O CO, SAW MILL, BANK, etc.	
kind of work done, as SPINNER. Statued Carpenter SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
year) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13, NAME We chall that	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
I IS. MAIDEN NAME	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME WARNOWN. 16. BIRTHPLACE (city or town) Jermany	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / M. Toris W. Graff (Address) Revea dale M. M.	Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOYAL	Manner of injury
Place View Cusheday bolom 195	Neture of injury
19. UNDERTAKER John & Couran + Jon	24. Was disease or Injury In any way releted to occupation of deceased?
(Address) 90 Holling State	dso, specify
20. FILED May 17 19 34 Mrs. Jas Dever	(Signed) Munu Juny M. D
William Registrar.	(Address) - yallowith - Mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones 1 uear

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH 5501
1. PLACE OF DEATH	120
County Pance Georges	Registration Dist. No. 238
Village Dr City Camp Springs	NDSt. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca In city or town whera daath occurredyrsmos.	ds. How long in U.S.If of foraign birth?yrsmosds.
2. FULL NAME Stellhorn Cym	1 U. S. Veteran, specify WAR
(a) Residence: Np. Camp Spring	at. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprice the word)	21. DATE OF DEATH
mole Colored OR DIVORCED ("April the Word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	Jover
(or) WIFE of	22. I HEREBY CERTIFY, That lattanded dacaased from
- N. N. 1637	, 19 , to , 19 ; daeth is sein
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than	114
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated abova, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
or	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	Succession
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month end spent In this	
year) occupation	Du C ad a C ad a C
12. BIRTHPLACE (city or town) Camp Spans	Other Coatributory Causes of importance:
(Stata or country)	
I 13. NAME andrew ary	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Bessie Soulls	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Bessie M. Way	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) Comp Dany	
18. BURIAL, CESMATION OF REMOVAL 9 7 Mars 1 37	Manner of injury
Plant V Date Date 19 19	Nature of injury
19. UNDERTAKER Diet Sools	24. Wes disease or injury in any way felated to occupation of deceased? Calinia
(Addrass) allofatoren, etted	If so, specify Harry & Chudeson & Pogon for
20. FILED May N 37 Very of Tululau	(Signed) James & Joan M. I
Registrar.	(Address) Freshell his
•	the state of the s

CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	11 1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

5	5	0	Por
U	U	V	1)

1. PLACE OF DEATH	9:50
County Gr. Dess Co.	Registration Dist. No.
Village or City Clickie Md.	No. Sr. Dess C. alms Torrest, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
M. 800 U.L.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I MANY Illen 19am Cro	If U. S. Veteran, specify WAR
(a) Residence: No. Office Mall Mall	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	ff nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	may 22, 1937
5a. If married, widowed, or divorced	(Veer)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
	June 21 ,1936, to May 22 ,1937
6. DATE OF BIRTH (month, day, and year) March 20 1847	I last saw he alive on May 21, 1937; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 1.11.15. T.m
90 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Serve myo Carallo; Chronic: 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	Quosia.
	The chronice onyocantites praduced enough decrease
this occupation (month and 1930 spent in this 65	in circulation of kidneys to course wild memia.
000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Walls W. (State or country)	The maiora winners
13. NAME YUM XUM CARB.	1936
E	by tal caronic imparandum
14. BIRTHPLACE (city or town)————————————————————————————————————	Name of operation
TI 15. MAIOEN NAME COLA DAME	What test confirmed diagnosis? N.O. Wes there en autopsy? N.O.
H	23. If death was due to external causes (VIOLENCE) fitl in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Man Pol yh	(Specify city or town, county and State)
17. INFORMANT COULD WA COCCAGA	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18 BURTAL PREMATION, OR REMOVAL	Manner of Injury
18 Her Co Climo Hoppont May 2 4, 19 3/	Neture of Injury
PXM & Berthell	Ma
19. UNDERTAKEN WALLEN STATINGS	24. Was disease or injury in any way related to occupation of deceased?
11.27	(Signed) Suit Chie M.O.
20. FILED Lay 17, YO Registrar.	(Address) Phi / Bennay Shi DC

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ample I		Example II	
Ws:	Date of onset	of importance were as follows:	
See Ly land			1 week ago
1111 S 1937	1 12 1		1 week ago
JUN 5 1001	July 5 1927	Peritonitis	3 days ago
RUREAU V.	S.		
of importance:	-	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	ample I th and related causes ws: SECEIVE JUN 5 1937 BURLATIV. of-importance:	th and related causes Date of onset ws: Description of the property of the pr	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 550C
1. PLACE OF DEATH,	7
County Prince Georges	Registration Dist. No. 23 5
Village or City Surtland	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	11 1-
2. FULL NAME Melvin Denjamen	For an o.s. Veteran, specify WAR
(a) Residence: No. (Usual place of above)	St., Vard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Will White ORDIVORCED (arise the word)	(Month) (Oby) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h A aliva on 1937; death is said
7. AGE Years Months Days i If LESS than	to have occurred on the date steted abova, at 4 am.
52 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were as follows: Date of one of
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this seem in this	
SAW MILL, BANK, etc	
O this occupation (month and spent in this year) occupation	
1. Head	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) (State or country)	Moncropseumen
13. NAME William T. Hardy	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME VON	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
X (State or country)	Where did injury occur?
17. INFORMANT William T Hardey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL My Date 5/4 1937	Manner of Injury
Vr. 00' T Hand	Natura of Injury
19. UNDERTAKER / Clian / Marchy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sundand. P. T. E. leed	If so, specify (Signed) M.D.
20. FILED 4, 19.37 / Fros. D. Northly Registrar.	(Signed) (Address) Assault Man
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Village or City Village or City Village or City No. (It death occurred in a hospital or institution, give its NAME instead of utere and number) (It death occurred in a hospital or institution, give its NAME instead of utere and number) (It also because of institution in the property of the country of the property of th	1. PLACE OF DEATH	95-0
Length of residence in city or fown where death occurred . S	County Prince george	Registration Dist. No. 249
Langth of residence in city or town where death occurred? Q. yrsmosds. How long in U. S. If of foreign birth?yrsmosds	Village or City Huntswill	
2. FULL NAME (a) Residence: No. Hard State (Charles of Beckey) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARKEED, WIDOWED, OR DIVORED Course the wight of towns and State MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH (Groth) 133 (Vear) 54. If married, widowed, or divorced 15. SINCLE, MARKEED, WIDOWED, OR DIVORED Course the wight of the widow of the country of the count		
(a) Residence: No. According to the control of the	Harrod Matila	
Personal and Statistical Particulars	2. FULL NAME IV	
3. SEX 4. COLOR OR RACE 9. SINGLE, MARRIED, WIDOWED, OR BUYORCED (cwrite he wijd) 1. Interfed, widowed, or divorced 1. Interfed, widowed, or d	(a) Residence: No. (Usual place of abode)/	
Sa. If married, widowed, or divorced HUSBAND (Day) Sa. If married, widowed, or divorced HUSBAND (Day) E. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays If LESS than Iday It LESS than Iday It LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance wage es follows: Was deen as SPINNER, SAWTR BOOKEEPER, etc. 10. Date decased last worked at this occupation (month) and occupation (month) and occupation (month) and occupation. It is BIRTHPLACE (city or town) It is BIRTHPLACE (city	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. or. min. 8. Trade, profession, or articular RAWFER, BOKKEFER, etc. 9. Industry or business in which SAW MILL, BAHK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURTHPLACE (city or town) 19. Date of make the state of	QR DIVORCED (write the word)	ruay d/ 193
T. AGE Years Months 1 day,nrs ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows ware solows as SPINMER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows ware was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH and related causes of importance wayee es follows The PRINCIPAL CAUSE OF DEATH an	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrod, Rolf	0
The PRINCIPAL CAUSE OF DEATH and related causes of importance wave of stollows: Solid Control of	6. DATE OF BIRTH (month, day, and year) 2 3 1862	I last saw he alive on way 27 1937; death is seld
8. Trade, profession, or particular kind of work done, as SPINMER, SANYER, BOOKREPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKREPER, etc. 10. Date deceased last worked at its occupation moment and year) 11. Total time (years) spent in this occupation moment and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION OR REMOVAL (Address) 19. UNDERTAKER (Signed) (Signed) (Signed) 19. UNDERTAKER (Signed) (Signed) (Signed) (Signed)		
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13. NAME 14. BIRTHPLACE (city or town (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL CRANATION OR REMOVAL (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Unoertaker (Address) 10. Unoertaker (Address) 10. Unoertaker (Address) 11. State or country (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 11. Where did injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 12. Was disease or injury in any way related to occupation of deceased? 15. Manner of injury 19. UNOERTAKER (Address) 18. Survay (Signed) 18. Signed) (Signed) (Signed)		allennes wy mans 1702
What test confirmed diagnosis? () Was there an autopsy? 15. MAIOEN NAME	13, NAME Crawford Quadrew	
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17. INFORMANT CREMENT OF THE PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL CREMATION OR REMOVAL 19. UNDERTAKER (Address) (Signed)	(State or country) was land	What test confirmed diagnosis?
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17. INFORMANT CREMOVAL 18. BURIAL CREMATION OR REMOVAL 19. UNDERTAKER (Address) (Signed)	5 16. BIRTHPLACE (city or town) 1 geo Co	Accident, spicide, or homicide? Date of Injury, 19
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19. UNOERTAKER John J. Stewart 24. Was dicease or injury in any way related to occupation of deceased? In a specify of the standard of the second of the sec		Manner of injury
(Address) 130-H 5t. M.E. Wuch, D.C. If so, specify head of Trucklungm. D. (Signed) head of Trucklungm. D.	Place Date Date July 30, 193	- Nature of injury
20 EUED May 29 1047 John & great (Signed Theodox Tinck uligh. D.	19. UNDERTAKER Ister J. B tewart	24. Was disease or injury in any way related to occupation of deceased?
20 THEO MAY & G 1027 LANGE WAY	(Address) 130-H St., M.E. Wuch, D.C.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorphage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

CAUSE

LION

OECI

(State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR MEMOVAL

16. BIRTHPLACE (city or town)

19. UNDERTAKER

24. Wes diseese or infary in any way related to occupation of deceased?____ If so, specify

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

(Yeer)

Date of onset

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Where did injury occur?_

Neture of injury_

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	599
1. PLACE OF DEATH	(131)	
county (11. Leto Co	Begistration Dist. No.	2
Village or City Pitchie Maruland	not. Deo Co almo Torus	Ward
	death occurred in a hospital or institution, give its NAME instead of street and nun	nber)
Yal A	ds. How long in U.S. if of foreign birth?yrs,mos	ds.
2. FULL NAME James Boward	If U. S. Veteran, specify WAR	
(a) Residence: No. Wolown Ma.	St., Ward. If nonresident give city or town and St	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	We
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	may 30	93.7
	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Doward	22 HEREBY CERTIFY, That I attended dec	ceased from
The war work and	1931, 10 May 30	., 19_5]
6. DATE OF BIRTH (month, day, and year) Oct 10 1869		death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 16:15 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
φ 0 ormin.	was as fallows.	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER. Same Calorer SAWYER, BOOKKEEPER, etc.	sence arlera schurous	2 100 0
9. Industry or business in which	Carais Nasculai renas	Syps
work was done, as SILK MILL, SAW MILL, BANK, etc.	auserse	000
10. Data deceased last worked at this occupation (month and 1934 II. Total time (years) 50		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)	Wremia !	2 weeks
13. NAME Jas. Yowara.		ago
14. BIRTHPLACE (city or town)	Name of operation Dete of	
(State of Country)	Whet test confirmed diagnosis? Was there an euto	opsy?_\\Z
15. MAIDEN NAME Mary Topurard.	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Declased	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	E.
(Address) 18-BURIAL CREMATION, OR REMOVAL //		
Tr. Kos Co. Clims House Date from 2 , 19.37	Manner of injury	
Pil Bulling	Nature of injury.	No
19. UNDERTAKER / SCHOOL DESTRUCTION OF STATE OF	24. Wes disease or injury In any way related to occupation of deceased?	
(unacess) When ware on the	(Signed) W. Suit Cilchu	M 6
20. FILED CONTROL 18 Registrar.	(Address) The 1 Benning St	00
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	JUN 5	1937	July 5,1927	Peritonitis	3 days ago
	BUREAU	V. 2			
Other contributory causes	of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

Every item of infor-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	MAKEN MARKET	92-0	.//
County S - 2-	WITHIN BOILS	Registration Dist. No.	16
Village or City Length of residence in city or town where de	4	No. St. death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. if of foraign birth? yrs.	and number)
2. FULL NAME Milton	will be yes will	Sural	mosu
(a) Residence: No. 3609	(Usual place of abode)	St., Cree Ward. M. Rancer M. If nonresident give city or town	A and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
M. White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH May 19 (Month) (Day)	, 193_7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madelene	. Hubbard	1 HEREBY CERTIFY, Thet I atter	nded daceased fro
6. DATE OF BIRTH (month, day, end year)	nl 18,1894	. 50	3.)_; death is sa
7. AGE Years Months 4	Deys If LESS than 1 day,hrs.	to heve occurred on the dete stated above, et	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Cardias decompensalis	Date of onse
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 11. Total time (years)		
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(State or country) 2 13. NAME olse P. 7	Fulbard	miscardilis	193
13. NAME OLS (". 7		Name of operation Date	of
(State of Country)	ce of	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Clapa 16. BIRTHPLACE (city or town) Genn (Stata or country) 17. INFORMANT GAddress)	wheat a ey artlan	23. If death was due to external causes (VIOLENCE) fill in elso tha folk Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Wash. D. C	Data 5-19 ,19 3	Manner of injury	
19. UNDERTAKER Junathy (Address) 641 17 5	Haulon	24. Was diseasa or injury in eny way related to occupation of deceesed If so, specify	
20. FILED 5/19 , 1937/ Jan	y hally M. so	(Signed) Wm 14. Norton	м.
	Registrar.	(Address) All Add A	CARL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	14.0
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		" and the	
		E. BINDONES	
Other contributory causes of importance:		Other contributory auces of importance:	The same of the sa
Gallstones	May 1,1923	Other contributory auges of importance: Gastroenteritis	1 year
		JUN 2 1987	
ADDITIONAL SPACE F		IBITE:	10

ARGIN RESERVED FOR BINDING

V. S. No. 1

County Oro Cerry Co Village or City Mt Ranner Md No. St., Ward (Il death occurred in a horpital or institution, give its NAME instead of street and number)	1. PLACE OF DEATH	CERTIFICATE OF DEATH JOUL
Village or City, M. Ramun M. Gill death occurred in a borpisal or institution, give its NAME instead of attest and number) Langth of rasidence in city or town where death occurred M. yrs. mos. ds. How long in U.S. if of fereign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. 3308 Cut. ((Dustipliere of abody) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE (North) 4. COLOR OR RACE (North) 4. COLOR OR RACE (North) 5. S. HORLE, MARKELD, WINDWED (North) (North) 5. S. HORLE, MARKELD, WINDWED (North) (North) 6. DATE OF BIRTH (month, day, end year) (North) 6. DATE OF BIRTH (month, day, end year) (North) 7. AGE Years North, Bookhelfer, atc. 11. Total time (years) SAWYEL, BOOKHEFER, atc. 12. BIRTHPLACE (city or town) (State or country) (State or country) Name of operation Name o	(D) . 91 n	216
Langth of ratidence in city or town where daeth occurred	S. A CB	Registration Dist. No.
Langth of rasidence in city or town where deeth occurred		NO. St., Ward
2. FULL NAME (a) Residence: No. 338 Columber (b) Residence: No. 338 Columber (Clustiphere of shoole) (Usualphere of shoole) (Date of DEATH (Month) (Day) (Say)	Langth of rasidence in city or town where daeth occurredyrs,mos	ds. How long In U.S. if of foreign birth? vrs. mos de
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (spric tha word) OR DIVORCED (spric that I alternated deceased (find that I alternated (find that I alternate	2. FULL NAME Estella Lincke	ITRIN COMPORATE MINITE OF
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Sa. It married, widoward, or divorced HUSBAND or HUSBAN		MEDICAL CERTIFICATE OF DEATH
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Place Prunewith Ma Date May 9/., 19 Nature of injury 19. UNDERTAKER & Cascha Stars (Address) Nyalkeville Sad 20. FILED D/B , 1937 for Verly W Registrar. Nature of injury 24. Was disaasa or injury in any way related to occupation of deceasad? (Signed) W 19 7 Oslare M. D. (Address) M. D. (Address) M. D. (Address) M. D.	7,000	Manage of Injury
19. UNDERTAKER & Cascha Stars (Address) System Stars 20. FILED D/B , 1937 for why W (Signed) W (Address) MT Registrar.	Place Drunewick md Date May 6, 1987	
20. FILED D/B , 1937 Lby bully by Registrar. (Address) Negative of Toxione M. D. (Address) M. D.	7 6 1 1	
20. FILED OF F. 1937 for Velly My (Signed) Will 14. Horise M.D. Registrar. (Address) Mt Rannely Elex		
Registrar. (Address) Mt Ramely Ula	1 A 2011 1 11 W. D	0/144 1/ 5
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STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II
Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:
1915	Attack of epilepsy 1 week ago
1921	Run over by street car 1 week ago
July 5, 1927	Peritonitis 3 days ago
	Mar
	Other contributory causes of importance: 1193 Gastroenteritis 1 year
May 1,1923	Gastroenteritis 1 year
	0,/
OR FURTH	ER STATEMENTS BY PHYSICIAN
	1915 1921 July 5,1927 May 1,1923

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5602
1. PLACE OF DEATH P	900	
County Jense Leage	Registration Dist. No. 2	34
Village or City a Coccel, has	NoSt.,	Ward
Length of residence In city or town where deeth occurred 5 8 mos mos	death occurred in a horpital or institution, give its NAME instead of street and medical death of the street and medical death occurred in a horpital or institution, give its NAME instead of street and medical death occurred in a horpital or institution, give its NAME instead of street and medical death occurred in a horpital or institution, give its NAME instead of street and medical death occurred in a horpital or institution, give its NAME instead of street and medical death occurred in a horpital or institution, give its NAME instead of street and medical death occurred in a horpital or institution, give its NAME instead of street and medical death occurred in a horpital or institution, give its NAME instead of street and medical death occurred in a horpital or institution or institution of the street and medical death occurred in a horpital or institution of the street and medical death occurred in a horpital death occurred i	
	I would be seen to the seen to	0503.
2. FULL NAME James Vanas	Tank and the second sec	
(a) Residence: No. (Usus place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diete
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the worth)	21. DATE OF DEATH ay 20	, 193
5a. If married, widowed, or divorced	(Mg/lth) (Oey)	(Year)
HUSBAND of Elizabeth Apengerful halo	22. I HEREBY CERTIFY, That I attended	deceased from
1.0 - 1878	1937, to	, 19.2
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS then	1 2 301	; death is said
7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Dete I onset
o . 1780e, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Manchetta and	2/1/
9. Industry or business in which	house dite chrone	1936
SAW MILL, BANK, etc.		
O Date deceased last worked et this occupetion (month and spent in this 30		
year) January occupation Jo	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)		
13. NAME Malley halovey 14. BIRTHPLACE (city or town)		-
I4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diegnosis? Was there an a	
11000	23. If death was due to external causes (VIOLENCE) fill in also the following	
S (State or country)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
letar: le : Webste	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
17. INFORMANT A COURSE	Specify whether injury occurred in INDUSTRY, in NOME, OF IN PUBLIC PLA	AUE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	**********
Plece / markley Date / 22 1937	Neture of injury	
TO HINDERTAKED / Stoles & Colos	24. Wes disease or injury In any way related to occupation of deceased?	1/0
19. UNDERTAKER (Address) In duch Held. hid.	If so, specify	- G Ld
20. FILEO May 21, 1937 Mrs allon Davis	(Signed) frank 4. Jusan	M_M. D.
20. FILEU Registrar.	(Address) Ladian Head	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follows:	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	JUN 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU Y.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
JAMPAN STA				

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Chronic interstition nephritian 8 1937	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

of OCCUPA.

Every item of infor-

1. PLACE OF DEATH		(23	CID		
County Prince George		_,,	Registration	Dist. No. 221	
Village or City Glenn Dale Length of residence in city or town where deeth		No. Children death occurred in a hospital or i 16 ds. How long in U.S.		E instead of street and	d number)
2. FULL NAME Wilhelmina	Marshall				
(a) Residence: No. 2022 Second	d Street, (Usual place of abode)	St., N.W.Ward.		on, D.C.	nd State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL	L CERTIFICATE	OF DEATH	
	SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single	21. DATE OF DEAT 3:05 A.M.	May (Month)	13	, 193. 7 (Year)
5a. If married, widowed, or divorced HUSBAND of Single		22. 1 HERE	BY CERTIF	Y. That I attanda	d decaased from
6. DATE OF BIRTH (month, day, and year) Med	3. 1935	I last saw h_ GT alive of			
7. AGE Years Months 2 2 2	Days If LESS than I dayhrs.	to have occurred on the date The PRINCIPAL CAUSE OF were as follows:	stated above, at 3 2)5 Am.	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	ne	Pulmonary t	tuberculosis		Jan
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	ne	far advanced			1937
1D. Date deceased last worked at this occupation (month and yeer)	11. Total time (years) spent in this none occupation				
12. BIRTHPLACE (city or town) Washington (State or country) District	n of Columbia	Other Contributary Causes of			10
		Tubercular n	deningitis		May 4
13. NAME William Marsha 14. BIRTHPLACE (city or town) Distriction (State or country)	ct of Columbia	Neme of operation Dete of Dete of Dhysicwes there an autopsy? Physicwes there an autopsy? Dhysicwes there are autopsy? Dhysicwes there are autopsy? Dhysicwes there are autopsy? Dhysicwes there are autopsy Dhysicwes the autopsy			
15. MAIDEN NAME Ruth Holmes		23. If death was due to extern		6: 3:	
15. MAIDEN NAME Ruth Holmes 16. BIRTHPLACE (city or town) District of Columbia (State or country)		Accident, suicide, or homicide?			
17. INFORMANT Margaret Holmes (Address) 214. "V" St., N.	W, Wash. D.C.	Specify whether Injury occur	red in INDUSTRY, In HO	r town, county and Si DME, or in PUBLIC F	LACE.
Place Washington,	Date may 1 3, 1937	Manner of Injury			
19. UNDERTAKER MALLON (Address)	o molyen	24_Was disease or injury In	any way related to occur	pation of deceesed?	no
20. FILED May 1 3, 1937 JA	elen Stark	(Signed) Day	edreno sans.	S ann D	ale Ind
If more blan	ks are needed, address State Registrar,				1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis ST	3 days ago	
SUKEAU .		Same and the same of the same		
		IIIN ?		
Other contributory causes of importance:		Other contributory causes of importance: Gastroenteritis UREAU V. S.		
Gallstones	May 1,1923	(iastroenterius)	1 year	
*				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH pluods County C Registration Dist. No. Village or Citylea (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city of town where death occurred mos.____ds. How long in U.S. if of foreign birth?_. statement If U.S. Veteran specify WAR..... (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, WORCED (write the word) (Month) (Dev) 5a. If married, widowed, or diverced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above, at \(\times 3 \, \alpha \) m. I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onest 8. Trade, profession, or particuler 192 3 OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.__ back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased lest worked at On 11. Total time (years) this occupation (month and spent in this occupation ... instructions 12. BIRTHPLACE (City or town) (State or country) supplied FATHER 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis? Was there an autopsy?__Up MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19____ DEATH 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. OF Manner of Injury USE mation Nature of Injury 24. Was disease or injury In any way related to occupation of deceesed 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Cerebral hemorrhage	Vuly 5, 1927	Peritonitis	3 days ago	
BUNEAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5606
1. PLACE OF DEATH	
county Prince glages	Registration Dist. No. 230
Village or City Sorry, U.G.	No. St., Ward
Length of residence In city or town where death occurred 3 V yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
-0 0 6 · March	If U. S. Veteran, specify WAR
(a) Residence: No. Bonuss, Wa	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color or RACE OR DIVORCED (wrighthe word) 5. If married, widowed, or divorced	21. DATE OF DEATH Way 18 , 193 7 (Year)
HUSBAND of Sarah E. We Warrel	22. HEREBY CERTIFY, That I attended deceased from ownery 11, 1937, to Klay 18, 1937
6. DATE OF BIRTH (month, day, and year) Questint 22,1870	I last saw ham aliva on Way 17, 1937; death is said
7. AGE Yaars Months Days If LESS than	to hava occurrad on the data statad above, at 4. Ge.m.
66 8 28 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profassion, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which work was dona, as SILK MILL Coursed Werehouser	
No. Tisk, ploassing, or particular thinking of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL coulcal the work was done, as SILK MILL coulcal thinking the work was done, as SILK MILL coulcal the work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Data decaased last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Salfad Co. Und	Other Contributory Courses of Importance: Churche Welpecacoleter, Carles Churt
(Stata or country)	Course of Course of the
II 13. NAME YSTAIL HIC Hause	Burlat. Tear
13. NAME As all the Hause	Name of operation. Oate of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy? Wo
15. MAIDEN NAME Martie	23. If daath wes dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Walter 16. BIRTHPLACE (city or town) Draughand	Accident, suicide, or homicida? Date of Injury
∑ (Stata or country)	Where did Injury occur?
17. INFORMANT Larry & McCauses (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Forh Lucoln Dete May 20, 1937	Nature of Injury
19. UNOERTAKER F. Gaschs Gords (Addrass) Angellyville md	24. Was disease or Injury In any way related to occupation of daceased?
20. FILEO may 19-, 1937 Johns Lutte Registrar.	(Signed) W Clly Justil M. D. (Address) Surviv M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
BUREAU V.	3/			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITION	AL SI ACE I	on routhbu	STATEMENTS D	THIBICIAN	
					_

1. PLACE OF DEATH	108
County Truce Tes Co	Registration Dist. No. 239
Village or City Pacerel	No. St. Ward
	f death occurred in a hospital or iostitution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
(0, 10)	
2. FULL NAME Carrie C. Merson	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	USt., Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Warrend	21. DATE OF DEATH, May 30 ,193 7 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Leg. Q' / lesow	1 PEREBY CERTIFY, That I attended deceased from 1937 to 5-30 1937
6. DATE OF BIRTH (month, day, and year) Meh 13th 1891	I last saw have elive on 5 30 1937 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 332 2 Cm.
46 3 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
& Trade profession or particular	were es follows: Oate of onset 5.28-37
Aind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end specified).	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month end year)	
Tue A	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	BARAGE
	5:30:37
14. BIRTHPLACE (city or town). Local	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there en autopsy? 200
H d Tul	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or couples)	Accident, suicide, or homicide?
17. INFORMANT De Marson (Address) Vanne Dune	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OF REMOVAL	Manner of injury
Croslef Nell occure portune 1 st, 19	Neture of Injury
19. UNDERTAKER LOGAL Taises (Arthress) Valence Luce	24. Was disease or injury in any way related to occupation of deceased?
mondayed 22 m Ban heard	(Signed) M. O.
20. FILED COLOR 1921	(Address) Lawel md

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 3	1 year
		TAN OF	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAdD. Every item of mior-UNFADING INK-THIS IS A PERMANENT RE properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PL V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No. 235
County Gr. Sess Co.	Registration Dist. No. 233
Village or City Meadows	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How tong in U.S. if of foreign birth?
64 . # - 1	nd. If U. S. Veteran, specify WAR
(a) Residence: No. Usba marlbon ma.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male While OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of Anne M. Moreland.	22. THEREBY CERTIFY. That I attended deceased from 1937 to May 2 10.37
6. DATE OF BIRTH (month, day, and year) Self 30 1870	Hest saw h. 1892 alive on April 30 (1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 8.23.Am.
66 7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	adens Curama Stomach Juens
kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and the content in this security in the content in this security and the content in	
10. Date deceased last worked at this occupation (month and way 1936 spent in this 53 occupation 53	
12. BtRTHPLACE (city or town) Who drulle (State or country)	Other Contributory Gausses of importance: Metastatic Sucinoma Jel 2/18
	mesenting - knee -
14. BIRTHPLACE (city or town) Williams.	Name of operation
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Sugramma Vicharian 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT MAS anne Mouland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR NEWDYAL 16 5 44 127	Manner of injury
Place Brook Pag. Date 17/8/, 19	Nature of injury
19. UNDERTAKER Amb x. Ofyo	24. Was disease or injury In any way related to occupation of deceased?
(Address) Warner J. Clare Jee 4.	If so, specify
20. FILED 1/2/37, 19 Vilos & Liffith	(Signed)
Registrar.	(Address) Yell Manuay Dea All

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis AY & 1027	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B. -V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5608
- 20	Registration Dist No. 2-112
County Prince Learne Con	nogovation Dist. No.
Village or City Class At All Man-	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charles Hewly	If U. S. Veteran, specify WAR
(a) Residence: No. Oxon Hill Anacho	trave with 2
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 8 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
dours gross lewby	May 7 ,1937, 10 May 8 ,1937
6. DATE OF BIRTH (month, day, and year) tulsuour	I last say here alive on Many 7 4 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above st
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Laborsels.	acute usyscardiget
SAWYER, BOOKKEEPER, etc.	failure Thrush 5/6/37
9. Industry or business in which work was done, as SILK MILL, Peliced SAW MILL, BANK, etc.	V. Chronie Ufresar arthur unknown
10. Date deceased last worked at this occupation (month and year) spent in this occupation	and General Urland Sclerous unkins
Oras Hill and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) ATM THE MAN (State or country)	Re James I at
13. NAME Leven W. Wewby	O Maryon Kedat 19328
14. BIRTHBLACE (city or town)	Name of operation more aller Man above Date of
(State or country) Varynua	What test confirmed diagnosis?
15. MAIDEN NAME Many Paurhall	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
S (State or country) Manyland	Where did injury occur?
17. INFORMANT Joseph Warfrield	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ORCHEMOVAL	Manner of Injury
Place Chow Ally Date Date Date 1937	Nature of injury
19. UNDERTAKER John J. Phines to	24. Was disease or injury in any way related to occupation of deceased?
(Address) (901-305,20-	If so, specify
20. FILED 21104 9, 1937 John P. Miss!	(Signed) The Company of the M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUN 8 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5609
1. PLACE OF DEATH	93-6)
County / frince Sporges	Registration Dist. No. 245
Village or City Breatwood	No. Ledans of Sanitarunand
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give it NAME instead of street and number) s
2. FULL NAME Mary O'S on word	If U. S. Veteran, specify WAR
(a) Residence: No. 48 488, UE Wash	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Month (Day) (Month) (Bay) (Bay)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
2-16/6/2	Hart cay h & Silva on Mars 13 th
AGE Years (Months Days If LESS than	to have occurred on the date stated above, at 9 m.
911 5 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trade profession or particular	Date of one of
kind of work done, es SPINNER, Rather SAWYER, BOOKKEEPER, etc	(a)
kind of Work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Shrowie My ocardetes ?
this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Pontrown	Desselly
	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Unknown	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place AUT Date 719	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased? The Common state of the common sta
19. UNDERTAKER 7. 3 Contacts (Address) 722 Contacts	1 If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example f	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis V S	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luty 5, 1927	Peritonitis	3 days ago
	5 -		
Other contributory causes of importance: 1937		Other contributory causes of importance:	17/4
Gallstones	May 1, 1923	Gastroenteritis	1 year
TO TO TO THE STATE OF THE STATE		10	
Recognition or interesting the second of the			

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5610
1. PLACE OF DEATH	940 020
County Parises Sporce	Registration Dist. No. 25
Village Dr City allentown	ND. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Fannie Charlett	
(a) Residence: No. anacostia OCA #4	Otours. Veteran, specify WAR.
(Usual place of abode)	St. Mard. St. of Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Fem white widowed	(Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Robert A Ladgett	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Sept 9 1863	I last saw h elive on
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, at. 6m.
73 8 6 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:
8. Trede, profession, or perticular kind of work done as SPINNER	General arlesia Date of onset
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	V salerosino unhua
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	anyma Tectorica
Latitude Course	and south Cardia
this occupation (month and 1933 spent in this Yoyu	Jacket Il
12. BIRTHPLACE (city or town) - allentono	Other Contributory Courses of Importence:
(State or country) Maryland	bed 6 C 36 A W
13. NAME Welleaue A. Pyless 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(Stelle or country)	What test confirmed diagnosis?
15. MAIDEN NAME Maryarett - 17 you.	23. If deeth wes due to externel ceuses (VIOLENCE), fill In elso, the following:
15. MAIDEN NAME Marysrott - Ryon. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Manyland	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT Mussell M Valgett	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Name of the second seco
Belles Camp & pringe Dete 5/18 1937	Manner of injury Neture of injury Neture of injury
Thomas & m	p Company
19. UNDERTAKEN TO WE WIS, Manageson. (Address) IN A River Ton Delin	24. Was disease or injury in any wey releted to occupation of deceased.
17/17 37/12 0/1/20 0000	(Signed) Start Clar Hall M. M. D.
20. FILED // , 19 / Mey / Mulliman	(Address) Blanca La D. C. M. A.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
2. //		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		E- 17-E
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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ACCUPA-		
4	1	
AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	1	
Exact		
classified.		
properly	ION is very important. See instructions on back of certificate	
pe	Jo	
t may	back	
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Prince George's County Registration Dist. No. 2 3/ Village or City Colmar Manor Md. No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred. _mos.____ds. How long In U.S. if of foreign birth?_____vrs.____mos. 2. FULL NAME Augusta Radtke If U. S. Veteran, specify WAR. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH white (Dev) Henry J Radtke CERTIFY. That I attended deceased from 5. 1869. Months If LESS than 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH end related couses of Importance or min. Data of onset 11. Total time (years) occupation

(a) Residence: No. 603 Daniels Street PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE vears 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked et 12. BIRTHPLACE (city or town) (State or country) Cenze FATHER 13. NAME Germany Neme of operation ... 14. BIRTHPLACE (city or town)_ (State or country) What test confirmed diagnosis?___ nknown MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Germany Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur?_____ Annie Cremer Specify whether injury occurred in MOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT _. Colmar Manor Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Bladensburg Ed May Neture of Injury Gasch's Sons 24. Was disease or injury In any way releted to occupation of deceased 19. UNDERTAKER If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis JUN 7 1931	3 days ago
		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 5612
1. PLACE OF DEATH	(59)
County Prince george	Registration Dist. No. 242
Village or City Fair wount Agts	No. 6/10 Sherill Post Ward
	death occurred in a hospital or institution, give its NAMH instead of street and number) ds. How long in U.S. If of foreign birth?yrs
2. FULL NAME Plansey James	2 Olf U. S. Veteran, specify WAR
(a) Residence: No. 10 Sheriff (Osfal Jace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male hegre Pharmed	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTLEY, That I attended deceased from
(01) HITE of Planney Carrieged	May 21 1937 10 may 25 1937
6. DATE OF BIRTH (month, day, end year)	flast saw h Jeselive on May 25, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1914 - m.
55 11 10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_ 8. Trade, profession, or particular	Cerebra also following Date of onest
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc	
Industry or business in which work was done, as SILK MILL, L. S. Bost Off. Ogg.	X
10. Date deceased last worked et this occupation (month and 1934) spent in this occupation.	
0711.1:00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	Jeneralzid arterioralerosi.
1 10	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
E 111	10 second 10 seconds :
(State or country)	Name of operation Date of
# 15. MAIDEN NAME ? Quie	What test confirmed diegnosis for the confirmed autopsylver have an autopsylver
=	23/Lifeath was due to external causes (VIOLENCE) fill in also the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, Suigide, or homicide?Dete of injury19
Rama Carria	Where did Injury deeu(?(Specify city or town, county and State)
17, INFORMANT 610 1 Sherill Rd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Laborator La Coate May 30, 1937	Nature of injury.
19. UNDERTAKER	24. Wes disease or injury in any wey related to occupation of deceased?
(Address)	If so, specify
20. FIXED 911 dy 2 5, 19 9 V John & mars	(Signed) headere Vinckney M.D.
20. FIXED 911 411 2. 5, 19.7 V John & Man A. Registrar.	(Address) 812-448t n.E. Jac.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Éxample II	2
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nearritie	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CHANGE OF birthdate and age of deceased: letter 6/16/37 under DR. PINCKNEY.- L.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5613
1. PLACE OF DEATH	
County June Georg	Registration Dist. No. 234
Village or City New accore	Np. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredrsmos.	ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME paules Jenn	MENNER!
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male While OR DIVORCED (write the word)	May 8 11, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That t attended deceased from
(or) WIFE of	March - 3 1937 to May 8 km 1937
6. DATE OF BIRTH (month, day, and year) Aug. 14 (88)	I last saw h. L. alive on A PVIL - 23 , 19.37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. A.m.
49 10 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Heart Disease, valuular,
SAWYER, BODKKEEPER, etc.	with Imperdrophy :
9. Industry or business in which work was done, as SILK MILL,	and deloupensation,
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in the	
this occupation (month and spent in this occupation cocupation coccupation coc	
12. BIRTHPLACE (city or town) accher	Other Contributory Canses of importance:
(State or country)	
13. NAME Clerfonder Genner	
13. NAME Clerforder Menner 14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Croma Clemer Mother (Address) accorded, make	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Stilrh Date May 10, 1937	Nature of injury
19. UNDERTAKER Aunth Myra	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Walker Josep,	If so, specify
20 FILED May 10,1937 Mrs. alton Day	(Signed) Grange & William M. D.
1 Lacal Registrar.	(Address) Waldow

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	JUN 7 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 5	614
County Prince Sparge	Registration Dist. No. 2 42	2
	NoSt.,_St.,	
11-404 1 9.	osds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME TENTY A 1107	If U. S. Veteran, specify WAR	
(a) Residence: No. 203 — 1200 Residence: No. 203 — (Usual place of abode)	St. Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AU (Month) (Day) (193)	(Year)
5a. If married, widowed, or divorced HUSBAND of		
ton Hire of Pannie a. Gloth.	22. I HEREBY CERTIFY, That I attended decease 1937, to May 14, 1	sed from
6. DATE OF BIRTH (month, day, and year) Jon , 13/1864	1	th is said
7. AGE Years Months Days If LESS than 1 day,hr.	to have occurred on the date steted above, at 8:45 A.m.	
ormin.	were as follows:	s of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Curvue myocuractis 70	02-19.
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at 11. Total time (yeers)		
11. Total tima (yeers) this occupation (month and year) this occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	ay 4. 3
(State or country) Mussoure		
13. NAME William Ototh		
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Page secure & January Was there an autops;	w? 40
15. MAIDEN NAME Christina Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Christina Smith 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury,	19
(State or country) Unknown.	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT for Minnie a fetz (Addrass) 305 - Brook are Capital Ho	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURTAL CREMATION OR REMOVAL Place Column Carpel Date May 17 719 3.	Manner of injury	
19. UNDERTAKER A. H. Chambers Co. (Address)	24. Was disease or injury in any way related to occupation of dacaased? 70.0)
20. FILEDMAY 15, 1937 John Elles Registrar.	(Address) 601 Tynn un. 7,2,	M. D.
Registrar.	(nuuless) St	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	3 1 1
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	11-12-12-11150	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEPT S 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:	77	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B.

STATE OF MARYLAND—CERTIFIC	CATE OF DEATH 5615	
Menus	Pagistration Diet No.	-

1. PLACE OF DEATH	That
County Prince Georgea	Registration Dist. No.
Village or City Ring dale Md	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Wilson Pyon	
(a) Residence: No. 102 Washing Box Or (Usual place of abode)	Z St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIOOWED, OR DIVORCED (write the word) Male Male Market	21. DATE OF DEATH (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBANO of Corp. WIFE of Colony about Pryon	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, say, and year)	I last saw h. sac. alive on the L., 193.]; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Oate of onset
SAWYER, BOOKKEEPER, etc.	Has host allows beguts
TO CAN MAIS ONE, 33 STEEL MILE,	drug miter f 1934
10. Date deceased last worked at this occupation (month and year) cocupation (month and year)	V
12. BIRTHPLACE (city or town) Bours Md	Other Contributory Causes of Importance:
13. NAME John Wilson Ryon	
14. BIRTHPLACE (city or town) Croom (State or country) Mod	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jours June Ryon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Source June Ryon 16. BIRTHPLACE (city or town) Wood and State or country)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Lefin abeth Ryand. (Address) Risk aleth Ryand.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington N. De May 193	Nature of injury
19. UNDERTAKER (Address) 15 cm Kl (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. May 1, 193 May as Slevene	(Address) M. D.
If more blanks and needed, address trate Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Colled to see fatient in lost illness or chad free	
deceard on certical - call aberted with the	~
This fotimes in signing of death extrict	
8 2 0	

17. INFORMANT

TION is

S. No.

(Address)

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

20. FILED 5 - 28 , 19 3

(94-7)
Registration Dist. No. 242
No. 147 Decletions Cen St., Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. If of foreign birth?yrsmosds.
Lh If U. S. Veteran, specify WAR
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH 2 S 193 (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from 2., 19 37, to 28 , 19 37, I last saw h 2 Jalive on 2 8 , 19 37; death is said to have occurred on the date stated above, at 1 20 m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 737
Other Contributary Causes of importance: Jewanoline Martherica Claron 7.
Enbarteritis Obliterans 1933
Name of operation
What test confirmed diagnosis? Pluy Was there an autopsy? Lu
23. I death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of Injury
24. Was disease or Injury in any way related to occupation of deceased?
(Signed) Flood Pine floor M. D. (Address) 812-44 M. E. D. C. J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II		
The principal cause of importance were Arteriosclerosis	e of death and related causes as follows: RECEIVED		The principal cause of death and related causes of importance were as follows:	
		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 8 1831	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Prince Leorge	Registration Dist. No. 23/
Village or City Landoner	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME State C.	aylor
(a) Residence: No. A Cyclored (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divolced HUSBAND of (or) WIFE of Taylor 6. DATE OF BIRTH (month, day, and year)	22. 1 HEREBY CERTIFY. That I attended deceased from 1936, to may 24, 1937 I last saw here alive on 5 - 23, 1937 death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 330 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation	mitrolhandislad
12. BIRTHPLACE (city or town) A be ton 13 as (State or country)	Other Contributory Causes of importance: Choosing included anything and the contribution of the contribut
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or pountry) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Date 19. UNDERTAKER CAUGE COMMENT (Address) / 8 / 0 - 9 ***	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED May 24, 1937 Helen Stack Registrar.	(Signed) 1 2 2 0 9 3 5 7 W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attock of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis & S	1 year
	1 // 0//	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attock of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

should state of OCCUPA-

infor-

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	5617
County Prince Storge	Registration Dist. No. 245
WITHIN CORPORAZIVLIMITU KU	
Village or City Affallettle	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ja col Jempeli	cia 1
(a) Residence: No. 1329 Jackon S	ouerst, Warnach, N.C.
(Usuatiplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDON	
Wale white Pridoced	vord) 22 9
5a. If merried, widowed, or divorced HUSBAND of	20 THE PERVICE THE VIOLENCE OF
(or) WIFE of	22. THEREBY CERTIFY, the lattended deceased from
6. DATE OF BIRTH (month, day, end year) May 22,187	3 I last saw h. Am alive on May 23 19 27: death is said
7. AGE Years Months Days If LESS	2 10
64 \ lay,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	apopliery, They of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	7-7-7
11. Total time (years) this occupation (month and spent in this	Chronic mephritis. Instion: two morthes.
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	- Aykulendim
(State or country)	- liphutes,
13. NAME William Verypoline	in , chi , his ocacaster.
13. NAME William Surpchie 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Julanoun	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country) Presse	Where did injury occur? (Specify city or town, county end State)
17. INFORMANT All Squiff Cheir (Address) Wash, A. C.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Macy Date May 23,	197-7- Nature of injury.
19. UNDERTAKER B. Waysausky	24. Was disease or injury In any wey related to occupation of deceased?
(Address) Washing (If so, specify A
20, FILED May 23, 1937 Mrs. Jas. Den	ere (Signed) Mulys Man M.D.

If more blanks and needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of Importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PLYSICIAN 29 1937	0

should state

of OCCUPA-

1. PLACE OF DEATH	
County Prince George	Registration Dist. No. 235
Village or City Farestorle & Sud	NoStWard
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
170	
2. FULL NAME - Sharras	If U. S. Veteran, specify WAR
(a) Residence: Np. Remanual C. R. # / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH May (Month) (Oay) (Yeer)
ie. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from Towns Dear of on a rest a light
DATE OF BIRTH (mostly down and and and and and and and and and an	I last saw h
5. DATE OF BIRTH (month, day, and year) May 5 /93/ 7. AGE Years Months Days If LESS then	to have occurred on the date stated abova, at 3. A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end reletad ceuses of Importenca
8 Trade profession or particular	Was land with an of Cual Bre of onest
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	reached have and
9. Industry or Dusinass In which work was done, as SILK MILL, SAW MILL, BANK, etc.	lying in a pool of blood
O. Date daceasad last worked at 11. Total time (years)	with meditrasker
this occupetion (month and spent In this occupetion	membrane and the the
12. BIRTHPLACE (city or town) Forestville Uprulung	Other Contributory Causes of Importance: if anti- of afterward to cover the
(State or country) marlbaro Pilee	birth Mittee state
13. NAME Warren Thomas	ale loard it ery?
14. BIRTHPLACE (city or town) Washing to A.	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Marian Beach	23. If death was due to external couses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Washington DC	Accident, suicide, or homicide? cident of labor Date of Injury
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marian Bauch Hornas	Specify whathar Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Sultan - Mg Data J - 6 - , 1937	Nature of injury
19. UNDERTAKER W-J. Willy, Que.	24. Was disease or injury in any way related to occupation of deceesed?
(Address) 3-22-8- 04, 8 8. DS.	If so, spacify
20, FILEO 5- 5- 1937 Mos D Liffill.	(Signad) Faul C Van Halla M. O.
Registrar.	(Address) Bossassas and Art WHI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Al.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	-1)	Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 7 1837	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or City. Concluded the Concluded St. Ward Langth of rasidence in city or town what death occurred Alfa Lefen. 2. FULL NAME. Catherina Alfa Lefen. 2. FULL NAME. Catherina Alfa Lefen. 3. Row long in U.S. it of ferrigin birth). 2. FULL NAME. Catherina Alfa Lefen. 3. Row long in U.S. it of ferrigin birth). 3. Row long in U.S. it of ferrigin birth). 3. Ward. 3. Row long in U.S. it of ferrigin birth). 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED 5. SIN, WARD. 5. SIN, WARD. 5. SIN, WARD. 5. SIN, WARD. 5. SINGLE MARKED, WIDOWED 6. DATE OF DEATH 1. DATE OF DEATH 1. LESS than 1 of control of Con	1. PLACE OF DEATH	(8270)
Langth of rasidence in city or town whate death occurred. Allowings of the control in a hospital or institution, give its NAME interest of the control of th	County PV Ylonge	Registration Dist. No. 243
Langth of rasidence in city or town what death occurred. 2. FULL NAME. Gattleman Statumes (a) Residence: No. (Datalplace of abodo) PERSONAL AND STATISTICAL PARTICULARS St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGEL MARRIED, NIDOWED, OR DIVORCED (unive the word) Octor Married, differend greater of the word of correct word (or) WIFE of Datal Towns and State MEDICAL CERTIFICATE OF DEATH Many 2.5. I DATE OF DEATH Many 2.5. I DATE OF DEATH Many 2.5. I Less than 1 days, and years) J. AGE. A value Months Day I LESS than 1 days, and years of the particular services of the data stated above, at 1 less than 1 days, and years of the particular services of the data stated above, at 1 less than 1 days, and years of the particular services of the data stated above, at 1 less than 1 days, and years of the data stated above, at 1 less than 1 days, and years of the data stated above, at 1 less than 1 days, and years of the data stated above, at 1 less than 1 days, and years of the data stated above, at 1 less than 1 days, and years of the data stated above, at 1 less than 1 days, and years of the data stated above, at 1 less than 1 days, and years of the data stated above, at 1 less than 1 less than 1 days, and years of the data stated above, at 1 less than 1 less than 1 days, and years of the data stated above, at 1 less than 2 less than 1 less than 2 less than 1	Village or City to a Constorn und	
(a) Residence: No. (b) Residence: No. (C) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 5. SEX (a. COLOR OR RACE S. SINCLE MARRED, WIDOWD THE COLOR OR RACE S. SINCLE MARRED, WIDOWD St. II marriad, wildowed, or divorced with said of the color o		
PERSONAL AND STATISTICAL PARTICULARS 9. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the world) 1. DATE OF DEATH 1. DATE OF DEAT	Cott Here	
PERSONAL AND STATISTICAL PARTICULARS 9. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the world) 1. DATE OF DEATH 1. DATE OF DEAT	2. FULL NAME Catherine of the mas	- W 1
S. SEX 4. COLOR OR RACE THUSAND OF CONTROL OR DIVORCED (carict the word) S. H. Imarriad, wildowed, ar divorced HUSAND OF CONTROL		
So. It married, withowed, or divorced Williams and the state of the s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEARUP OF BIRTH (month, day, and year) JULIUS 1 18 1 Stended deceased from 18 19 37 to 18 20 1	OR DIVORCED (write the word)	may 20 ,193 7
To have occurred on the data stated abova, at \$7.00 and \$1.00 and	HUSBAND OF	1000 707/
The PRINCIPAL CAUSE OF DEATH and playad causes of importance were as follows: Note	6. DATE OF BIRTH (month, day, and year) February 1873	I last saw her aliva on May 27 1937; death is sald
8. Trada, protassion, or particular bind of work done, as SPINNBR, SAWEERR, BOOKEEPER, etc. 9. Industry or businass in which was store as SEK MILL, was store as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work was store as SEK MILL, spend of most and particular bind of work was store as SEK MILL, spend of most and particular bind of work was store as SEK MILL, spend of most and particular bind of work was store as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of most and particular bind of work done, as SEK MILL, spend of work done as SEK MILL, spend of work d	7. AGE. Yaars Months Days If LESS than	
8. Trada, protassion, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BARN, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Stata or country) 18. BURIAL, CREMATION, of REMOVAL Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 19. UNDERTAKER (Addrass) 20. FILED 10. Date of many Cares Careful of Importance: Date of Importance: Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 19. UNDERTAKER (Addrass) 10. Date Of Injury Nature of inj		were as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 11. Total time (years) spent in this occupation Other Ceatributery Care of Importance: Other Ceatributery Care of Importa	8. Trada, profassion, or particular kind of work dona, as SPINNER, House work SAWYER, BOOKKEEPER, etc.	Figh VIOOU Presur
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 10. The Contributory Cause of Importance: Determined diagnosis? Was there an eutopsy? Accidant, suicide, or homicida? Date Of Injury Where did Injury occurr? (Specify city or town, country and State) Spacify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury Nature of Injury 19. UNDERTAKER (Addrass) Manner of injury Nature of Injury Nature of Injury (Signed) Manner of injury Nature of Injury (Signed) Manner of Injury Manner of Injury (Signed)	(9)	heart failure
12. BIRTHPLACE (city or town) Seath 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Addrass) 10. FILED MASS ALL CARRALL Place ACCIDATE ACCIDATE Connect ACCIDATE A	this occupation (month and spant in this	Other Cantributer Cantrol Importance
13. NAME Section A County Name of operation Dete of What test confirmed diagnosis? Was there an eutopsy? 15. MAIDEN NAME Suz alv Clure Stata or country Was there an eutopsy? 16. BIRTHPLACE (city or town) A A CO Accidant, suicide, or homicida? Data of Injury Data of Injury Data of Injury Data of Injury Country Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT Data		Dring Course & Cerebral humarhage Durg
What fest confirmed diagnosis? Was there an eutopsy? 7. 15. MAIDEN NAME Surals Class 16. BIRTHPLACE (city or town) A CO (Stata or country) 17. INFORMANT (Specify city or town, county and State) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Mainle Mainl	13. NAME John Scott	;
15. MAIDEN NAME Suralv Char 23. If deeth was due to axternal causes (VIOLENCE) fill In also tha following: Accidant, suicide, or homicida? Data of Injury. (Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury. 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) (Signed) 19. UNDERTAKER (Signed) (Signed) (Signed) M. D. (Signed) M. D. (Signed) M. D. (Signed)	14. BIRTHPLACE (city or town). A A County MA	
17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 19. UNDERTAKER (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Addrass) 18. Specify Manner of injury Nature of injury (Signed) 19. UNDERTAKER (Signed) M. D. (Signed) M. D. (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Manner of injury Nature of Injury (Signed) M. D. (Signed) M. D.	15. MAIDEN NAME Sarah Chare	
Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Manue Manue of injury 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILED MAN 24, 19.37 4, Spacefile (Signed)	16, BIRTHPLACE (city or town) AACO (Stata or country)	Accidant, suicide, or homicide? Data of Injury, 19
Place While March Date May 31 1987 Nature of Injury 19. UNDERTAKER (Addrass) 24. Was disaasa or injury In any way related to occupation of decaased? If so, specify (Signed) (Signed) (Signed)	17. INFORMANT	(Specify city or town, county and State)
(Addrass) Marin Florent Sell If so, specify 20. FILED MARY 29, 1937 4 South Florent (Signed) January 16 Trucks M. D.	71/1.7.01 72	
20. FILED 111. 67, 19.21G. 7. 10.21G.	AULOPIAN TVANZAZA A IVA	24. Was disaasa or injury in any way related to occupation of decaased?
		1 200 11.00

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut neghrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5, 1927	Peritonitis	3 days ago
Other contributory canses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5620			
1. PLACE OF DEATH	11.5			
County Prince arrigh	Registration Dist. No. 239			
Village or City Lauhel I near music	Janoch (Babendning Samlasturin Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number)			
0.5 1.10				
2. FULL NAME Come lunkler	If U. S. Veteran, specify WAR			
(a) Residence: No. Le 2 N - / Cummore (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
Fun - White OR DIVORCED (write the word)	(Month) (Day) (Year)			
Se. If merriad, widowed, or divorced HUSBAND of				
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from			
6. DATE OF BIRTH (month, day, end year) Sept. 28, 1918	May 7, 1937, to May 7, 1937			
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	I lest saw have elive on			
hrs.	to heve occurred on the dete steted above, et L.Q. 3 A fin. The PRINCIPAL CAUSE OF DEATH end releted causes of importance			
8. Treda, profession, or perticular	were es follows:			
kind of work dona, as SPINNER, Health School	Pening 1-20-37			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	must kind about 3-10.37			
	Millipla Littledon 4:1037			
and december on (month one applicant this				
year) occupation	Other Coutributory Causes of Impostance:			
12. BIRTHPLACE (city or town)	Probably Ruphired			
(State or country)	enotal alexans 5-7-37			
13. NAME Welleam - Intellement 14. BIRTHPLACE (city or town) Washington				
14. BIRTHPLACE (city or town) Washington (State or country)	Name of operation			
	Whet test confirmed diegnosts? Wes there en eutopsy?			
15. MAIDEN NAME Edua M. Bruss 16. BIRTHPLACE (city or town) Washingtons O. C.1	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:			
O 16. BIRTHPLACE (city or town) Walking C 1 (State or country)				
11:00 17:10 0	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
17. INFORMANT William function of Carmel				
18. BURIAL, OREMATION, DO REMOVA	Manner of Injury			
wordiece Mach. De Date May 7, 1937	Nature of injury			
In J. 3 while	24. Wes disease or injury in any way related to occupetion of deceased? No			
19. UNDERTAKER (Address) 5 to - 6 sm M.E. Work A 5.	If so, specify			
20 EUE Man 1 137 M. Brank, and	(Signed) Bif harry M.D.			
20. FILED//WY 190 1 11- SUBSILIAN Registrar.	(Address) Lours mel			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1118 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			222,033
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

1	S	TATE C	F MARY	LAND-	CERTIFICATE OF DEATH 56	91
1.	PLACE OF SEA	TH .	0.		731	V X
	County	med	ye	ory	Registration Dist. No.	
	Village or City	ise	e de	var	No. St., dath occurred in a hospital or institution, give its NAME instead of street and number	_Ward
	Length of residence in ci	ity or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2.	FULL NAME	mil	ense	on	If U. S. Veteran, Specify WAR	
	(a) Residence: No.	un	kno	m	St., Ward,	
	(2) Novidence incl.		(Usual place	of abode)	If nonresident give city or town and State	
	PERSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3, SI	este 1. colo	or pace	5. SINGLE, MARI OR DIVORCEI	HED, WIDOWED, (regite the word)	21. DATE OF DEATH 35, 193 (Month) (Day)	(etr)
5a. 1	f married, widowed, or diventional HUSBAND of (or) WIFE of	orced		3	22. I HEREBY CERTIFY, That Tattended decaas	
		1	Tille	1	Jack saw had alive on 19 deat	h is said
6. D	ATE OF BIRTH (month, da GE Years	y, and year) Months	Days	If LESS than	to have occurred on the date stated above, atm.	11 15 5410
A	O	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	of onset
NOI	8. Trada, profession, or p kind of work dona, SAWYER, BOOKKE	as SPINNER.	nov	4	Biscaldway trees	
OCCUPATION	9. Industry or business I work was done, as SAW MILL, BANK,	n which SILK MILL, etc			<i>(</i>	
000	10. Date deceased last wo this occupation (mo year)	rked at onth and	11. Total ti sper	me (years) t in this pation		
12.	12. BIRTHPLACE (city or town)			~~	Other Contributory Causes of importance:	
-	(Stata or country)					
FATHER	13. NAME	uhr	now	~		
AT	14. BIRTHPLACE (city or to	own) LL	when	*	Name of operation Data of	
-	(State or country)				What test confirmed diegnosis? Was thera en eutopsy	nho
MOTHER	15. MAIDEN NAME	m	200	~~	23. If death was due to externel causes (VIOLENCE) fill in elso the following:	
0	16. BIRTHPLACE (city or to	own) L	hu	~~~	Accident, suicide, or homicide? Dete of injury1	19
Σ	(State or country)				Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address)					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
185	BURTAL, CREMATION, OR	REMOVAL //	2	- 20 21	Manner of injury	
Vh.	Soulo-ll	Sus How	The Date May	2/,190/	Nature of injury	
19.	19. UNDERTAKE Cillis Blog.		24. Wes disease or injury In any way related to occupation of deceased?	F		
20,	(Address) Type	137/C	with	noth	If so, specificances of the second of the se	M_O
	A	*	Joes	Registrar.	(Address) to a start yet	1
	//	If more	blanks are needed, a	ddress State Registrar,	2411 N. Challes Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis:	Date of onset 1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago 1 week ago
Cerebral hemorrhage	Luly 5, 1927		3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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P. H.		PLA	plno	F D	Verv
		TE	n sh	SE 0	is I
	-	-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	-	1	E	0	6

1. PLACE OF DEATH		(13)	
County Tro Jess	ges	Registration Dist. No. 24	5
Village or City East	tiverdale mo	NoSt,	Ward
Langth of residence in city or lown where	9	f death occurred in a horpital or institution, give its NAME instead of street and m	
6	7 1		74
2. FOLL NAME	Rendele m	If U. S. Veteran, specify WAR	
(a) Residence: No. Cash	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 // (Vear)
5a. If married, widowad, or divorced HUSBAND et (or) WIFE of Car John	wood /	22. 1 HEREBY CERTIFY, That I ettended About 7 42192 6	deceasad from
6. DATE OF BIRTH (month, day, and year)	us. 18 1853	I last saw h & slive on May 15 ,1937	.; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above at	
83 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular		Chronic Carenely malous	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		hephritis /	541
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	A Lome		-
10. Date deceased last worked at this occupation (month and year)	II. Total tima (yaars) spant in this occupation		-
12. BIRTHPLACE (city or town) English (State or country)	gland	Other Contributory Causes of importance:	1 15/2
E 13. NAME John	Ogden .	-	
14. BIRTHPLACE (city or town)	ngland	Name of operation Data of What test confirmed diagnosis? Usual Was there an a	autopsy?
15. MAIDEN NAME unk	nown	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	ingland	Accidant, suicida, or homicida? Data of Injury	, 19
▼ (State or country)		Where did Injury occur?	
17. INFORMANT Embert Le (Address) East R	Lachyer ind	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, OR BEMOVAL	101	Manner of Injury	
Placa Noutelle, Ven	ngoale May 18, 1937	Natura of injury	
19. UNDERTAKER SALES (Address)	only Done,	24. Was disease or injury in any way ralated to occupation of deceased?	no
20, FILE May . 17", 037 M	pag Seren	(Signed) au Im Way	м. с

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N.J.

V. S. No. 1

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MIN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5,899
1. PLACE OF DEATH	93-6
County Trince Georges	Registration Dist. No. 237.
while of any marchel, and	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME para dillian d'illie	If U. S. Veteran, specify WAR
(a) Residence: No. 100 - Lud St. Laurely. (Usual place of abode)	Msd. Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE/, MARRIED, WIDOWED,	21. DATE OF DEATH
Je Word OR DWORKED (white the word)	(Month) (Dey) (Year)
5a. If married, widowed, or divorced NUSBAND OF (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceesed from
Comment of Marcy D. Spille	May 20 ,1937, 10 May 24 , 1937
6. DATE OF BIRTH (month, dey, and yeer) July 181873.	I last sew h elive on
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted ebove, at 10:45 P.m.
66 11 6 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	lehr myoundind degeneration have
SAWYER, BOOKKEEPER, etc.	1936
work wes done, as SILK MILL. Aughler force SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupetion (month and spent in this	
yeer) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) to rout foyal	Other Committee of Importance.
(State or country)	
13. NAME Yer, Edward Soutmyer 14. BIRTHPLACE (city or town). Broat Payal,	
14. BIRTHPLACE (city or town) About Abyal	Neme of operation Dete of
(State of Country)	What test confirmed diegnosis? here was there en autopsy?
15. MAIDEN NAME Jane Mae 16. BIRTHPLACE (city or town) Fr Sout Joyal	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Dete of Injury19
(state of county)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT LANCY O. SVILLE (Address) 120 - 250 St. Laurel, MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Name of Info
Place Darage M. Dete May 29 , 1937.	Manner of injury
NV HV Pl lug Har	
(Address) 9,8 Cleveland are wirehale Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILE May 25, 1937 M. Brashers	(Signed) Charlett S. M. Colony M.D.
20. FILEBOTOMY 00, 193/ 1911 State Care Registrar.	(Address) famul md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I The principal cause of death and related causes that of onset of importance were as follows: Arteriosclerosis		li	Example II	
			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 2 1857	July 5,1927	y 5,1927 Peritonitis	3 days ago
7	BURGAU Y. S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		J		

1. PLACE OF DEATH County Fried County Formus County Formus Counted Formus Counte
Village or City Jackson Month Length of residence in city or town where death occurred with the composition of the composition
Village or City Jackson Ward Length of residence in city or town where death occurred with a horpital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. Jackson Ward (b) Length of residence in city or town where death occurred with a horpital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. Jackson Ward (b) Length of residence in city or town where death occurred with a horpital or institution, give its NAME instead of street and number) (c) How long in U. S. if of foreign birth? (d) How long in U. S. if of foreign birth? (e) How long in U. S. if of foreign birth? (if death occurred in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital or institution, give its NAME instead of street and number) (if death occurred in a horpital or institution, give its NAME instead of street and number
Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. 2. FULL NAME Buy and F Withers (a) Residence: No. Live and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX
2. FULL NAME (a) Residence: No. (Usual place of abode) (Usual place of abode) (Usual place of abode) (PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curric the word) Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (or) WIFE of General Married, widowed, or divorced HUSBAND of (Month) (Mon
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the wors) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wors) Warried (Nonth) (Day) (Year) 193 7. AGE Years Months Days If LESS than I day,hrs. ormin. SAMYER, BOOKKEEPER, etc. 1. Industry or business in which work wes done, as SPINNER, SAMYER, BOOKKEEPER, etc. 1. Industry or business in which work wes done, as SILK MILL, SAMYER, BOOKKEEPER, etc. 1. Industry or business in which work wes done, as SILK MILL, SAMYER, BOOKKEEPER, etc. 3. Industry or business in which work wes done, as SILK MILL, SAMYER, BOOKKEEPER, etc. 3. Industry or business in which work wes done, as SILK MILL, SAMYER, BOOKKEEPER, etc. 3. Industry or business in which work wes done, as SILK MILL, SAMYER, BOOKKEEPER, etc. 3. Industry or business in which work wes done, as SILK MILL, SAMYER, BOOKKEEPER, etc. 3. Industry or business in which work wes done, as SILK MILL, SAMYER, BOOKKEEPER, etc. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, WIDO
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Curite the word) 5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of Serbruda M Witches 6. DATE OF BERTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day, hrs. or min. Bays If LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset Other Coutributery Causes of importance: (State or country)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE No DIVORCED (write the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BRTH (month, day, and yeer) 7. AGE Years Months Days 11 LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: No Wife of this occupation (month and year) Date of onset Date of onset Date of onset Date of onset Other Coutributery Causes of importance: Other Coutributery Causes of importance:
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED, WIDOWELD, OR DIVORCED (write the word) MARRIED, Wildowed, or divorced MAR
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Solution of Sol
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Governda M Witches 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particuler kind of work done, as SPINNER, or min. SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, Saw Mill, BANK, etc. It is saw has elive on elive on to have occurred on the date stated above, at 2:15 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of enset 11. Total time (years) spent in this occupation (month and year) Other Coutributory Causes of importance: Other Coutributory Causes of importance:
(or) WIFE of CERTIFY, That t attended deceased from the contributors of the contributory Causes of importance: 22. IMEREBY CERTIFY, That t attended deceased from the contributory causes of importance: 23. Industry or business in which work wes done, as SPINNER, SAWYER, BOOKKEEPER, etc. 24. Industry or business in which work wes done, as SPINNER, SAWYER, BOOKKEEPER, etc. 25. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 26. DATE OF BERTH (month, day, and yeer) 27. It ast saw h and elive on to have occurred on the date stated above, at 2.15 m. 28. Trade, profession, or particular kind of work done, as SPINNER, A PA SAWYER, BOOKKEEPER, etc. 29. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 20. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 20. Industry or business in which work wes done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 20. Industry or business in which work wes done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 21. Date of onset 22. Industry or business in which work was done, as SPINNER, A PA 22. Industry or business in which work was done, as SPINNER, A PA 23. Industry or business in which work was done, as SPINNER, A PA 24. Date of onset 25. Date of onset 26. Date of onset 27. Date of onset 28. Trade, profession, or particular 29. Industry or business in which work was done, as SPINNER, A PA 29. Date of onset 20. Date of onset 21. Total time (years) are a particular was a particular
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8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. Btrtplace (city or town) (State or country) Date of onset Were as follows: Were as follows: Were as follows: Other Countributery Causes of importance: Were as follows: Were as fol
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Other Coutributory Causes of importance: 12. Birthplace (city or town)
Other Contributory Causes of importance: 12. Birthplace (city or town)
Other Contributory Causes of importance: 12. Birthplace (city or town)
12. BtRTHPLACE (city or town) / La / L
(State or country)
13. NAME / G . Qu'alliers
E
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis?
25. If death was due to external causes (VIOLENCE) lift in also the following:
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury Date o
(Specify city or lown county and State)
17. INFORMANT Jucille Mary Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 015 4 4 5 6 4 5 7 80 4 7 80 4 7 80 4 80 4 80 4 80 4 80
19 DIDIAL CREMATION OF DEMOVAL A CAMPAGE TARA
Place Ever a see mustate May 8, 1937 Nature of injury
Obel S. C.
19. UNDERTAKER 24. Was disease or injury in eny wey related to occupation of deceased?
(Address) Clares through If so, specify
20. FILED may 1937 William (Signed) M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find. out the particular kind of work done and return that, as spinner, weaver, etc.

. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Juty 5,1927	Peritonitis	3 days ago
MI REAU V.	2.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	D—CERTIFICATE OF DEATH 5625
County Frings George	Registration Dist. No. 239
Village or City Mary Me	NoSt.,Ward
Length of residence in city or town where deeth occurred 17 yrs. 2. FULL NAME AMELIAN ORBITE	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF AACE 5. SINGLE, MARRIED, WIDOWE OR DAYORED Christ the wor	
5e. If married, widowed or divorced HUCGAND of (or) WIFE of June 1997	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) // 184	6 I last sew h. M. alive on many 11 197; deeth is seld
7. AGE Years Months Deys If LESS th I dey,	to have occurred on the dete steted above, at
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one et
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked et this occupation (month and	Chimin Myriactile
O 10. Dete deceesed last worked et this occupetion (month and yeer)	
12. BIRTHPLACE (city or town) Mellfour Mewalt (State or country)	Other Contributory Causes of importence:
13. NAME SIGNINGUE 14. BIRTHPLACE (city or town) WELLEWING	
14. BIRTHPLACE (city or town) Willeman	Neme of operation
(Stete or country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) Adams User	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURNAL CREMATION, ON REMOTAL Place 19 Dete May 13, 19	Manner of injury
19. UNDERTAKER Saluty & walden	24. Was disease or injury in any way related to occupation of deceased?
20. FILE May 12, 19 87 M. Brashea	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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